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Draft country programme document**

Kenya

Summary

The draft country programme document for Kenya is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $54.64 million from regular resources, subject to availability of funds, and $124 million in other resources, subject to the availability of specific-purpose contributions, for the period 2014 to 2018.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2013/18, the present document will be presented to the Executive Board, on an exceptional basis, for discussion and approval at the 2014 annual session of the Executive Board.

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Basic data[f] *(2012 unless otherwise stated)*	
Child population (millions, under 18 years, male/female)	10.6/10.5
U5MR (per 1,000 live births)	73
Underweight (%, under 5 years, moderate and severe, 2008-2009)	16
(%, male/female, urban/rural, poorest/richest)	17/15, 10/17, 25/9
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	360[a]
Use of improved drinking water sources (%, 2011)	61
Use of improved sanitation facilities (%, 2011)	29
One-year-olds immunized with DPT3 (%)	83[b]
One-year-olds immunized against measles (%)	93[c]
Primary school enrolment/attendance (% net, male/female, 2009)	84/85
Survival rate to last primary grade (%, male/female, 2008-2009)	96/97
Adult HIV prevalence rate (%, 15-49 years, male/female)	5.0/7.2
HIV prevalence among pregnant women (%, 2009)	5.6
Child labour (%, 5-14 years, male/female, 2000)	27/25
Birth registration (%, under 5 years, 2008-2009)	60
(%, male/female, urban/rural, poorest/richest)	61/59, 76/57, 48/80
GNI per capita (US$)	840

[f] More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org.

[a] This figure is the adjusted maternal mortality ratio estimate prepared by the Maternal Mortality Estimation Inter-Agency Group. The reported estimate at country level is 488 deaths per 100,000 live births (2008-2009), as presented in the Demographic and Health Survey 2008-2009.

[b] The immunization figures are inter-agency estimates prepared by WHO/UNICEF. The data disaggregated by sex are as follows: DPT3, male (83%) and female (90%), and measles, male (84%) and female (86%), from the Demographic and Health Survey 2008-2009.

[c] Nationally representative household survey.

Summary of the situation of children and women

1. The children of Kenya are growing up in a time of profound political, economic and social transformation. The introduction of devolved governance in 2013, along with increasing urbanization and uneven economic growth, compounded the challenges of historical inequalities and marginalization, persistent internal conflict, cyclical drought and other disasters, adding up to a complex and challenging environment.

2. The drought that lasted from 2008 to 2011 caused economic losses of over $12.1 billion.[1] Economic growth has reached 5 per cent annually, but this growth is yet to translate into widespread progress in human development. About 42 per cent of the population lives in poverty.[2] Kenya ranks 145th out of 186 countries in the

[1] *Kenya Post-Disaster Needs Assessment: 2008-2011 Drought*, Government of Kenya, with technical support from the European Union, the United Nations and the World Bank, 2012.

[2] World Bank, *Economic Update*, June 2013.

Human Development Index.[3] Intra-communal violence and conflicts in Somalia and the South Sudan have displaced over 450,000 people in Kenya and, as of February 2013, has resulted in an influx of 565,000 refugees (of whom 250,000 are children).

3. Yet the progressive, rights-based Constitution of Kenya (2010) strengthens the environment for achieving children's rights through various governance reforms, including devolution of key social services to counties. During fiscal year 2013-2014, counties were allocated 30 per cent of government revenue, with considerable discretion for planning, budgeting and implementing services for children. The country's Second Medium-Term Plan includes several high-priority interventions for children's rights, and county integrated development plans create opportunities to translate national commitments into county actions.

4. While devolution has the potential to redress the large inequalities in service delivery, it could also exacerbate the imbalances in technical capacity, resulting in marginalized counties falling further behind. Devolution is costly, and its implementation could constrain investments in infrastructure and social services. Given limited data and capacity for evidence-based planning and budgeting, translating policy and political commitment into action may be major impediments to realizing children's rights.

5. On the supply side, bottlenecks to delivering health, education, nutrition and protection services include inadequate and inequitable distribution of staff, facilities and essential supplies. Kenya is one of 36 African countries with critical health staff shortages and a persistent inability to attract and retain health workers, particularly in deprived and rural areas. Water, sanitation and hygiene education (WASH) services are inadequate and unsustainable in hard-to-reach areas, leading to gaps and disparities in access and service quality. Poor learning outcomes result from low-quality and non-participatory teaching and learning methodologies, inequitable distribution of schools and teachers, oversized classes, poor infrastructure and inadequate basic equipment.

6. Deprivations and disparities reflect uneven patterns of economic development, often resulting from conflict and disasters. The economic gap between rich and poor in urban areas and between males and females is particularly pronounced. The disadvantages facing girls become increasingly prominent during adolescence: 6 per cent of girls under 15 are married, 15 per cent are pregnant by age 19 and 15 per cent of girls aged 15-19 have undergone female genital mutilation/cutting.

7. Less than 20 per cent of the poorest women deliver their babies in a health facility. Less than 10 per cent of the poorest children attend secondary school. Government social protection programmes targeting vulnerable groups are positive developments but currently reach only a minority of those in need.

8. Children below 18 years make up 49 per cent of the population of Kenya, and 62 per cent of the population is below 24 years old. Over 75 per cent of children and adolescents experience one or more deprivations of their rights, including limited access to safe water and improved sanitation, education and health and nutrition services. Children in poor households and those living in the arid and semi-arid lands and in urban informal settlements are the most likely to experience multiple deprivations. Children in the bottom quintile have one eighth the access to improved

[3] United Nations Development Programme, *Human Development Report 2013*.

sanitation compared to the national average. Over 1 million children are out of school, over 2 million are orphaned and 700,000 children live with a disability.

9. Modest progress has been made towards achievement of Millennium Development Goal 2 (universal primary education) and Goal 6 (combat HIV/AIDS, Malaria and other diseases). However, major gaps remain with respect to poverty and child malnutrition (Goal 1), gender equality and women's empowerment (Goal 3), infant mortality (Goal 4) and maternal mortality (Goal 5). Reduction in poverty and malnutrition has stalled; in fact, rates of stunting among children under 5 increased from 30.3 per cent in 1993 to 35.3 per cent in 2009. Kenya recorded the largest reduction in under-five mortality rate in sub-Saharan Africa between 2002 and 2009, from 115 per 1,000 live births to 74 per 1,000 per live births, driven by increased access to high-impact and low-cost interventions such as insecticide-treated mosquito nets and improved access to sanitation.[4] Infant mortality was estimated at 44 per 1,000 live births in 2009. The maternal mortality ratio remains high, at 488 per 100,000 live births.[5]

10. Only 61 per cent of households have access to safe drinking water and 29 per cent to improved sanitation.

11. While the net primary school enrolment rate has reached 92 per cent, large disparities exist, based on geography, income and sex. In counties of the arid and semi-arid lands, the net rate is 48.7 per cent. Access to early childhood education was estimated at 53 per cent in 2012.[6] In 2010, fewer than half of grade 3 pupils achieved the required competency in literacy, and only slightly over half achieved required numerical competency.[7] Gender parity in primary school enrolment improved to 97 girls for every 100 boys in 2010 from 95 girls per 100 boys in 2005, but large disparities exist at secondary level, with a rate of 86 girls per 100 boys in 2010.

12. Adult prevalence of HIV declined slightly, down from 6.7 per cent in 2000 to 5.6 per cent in 2012. With approximately 1.2 million people living with HIV, Kenya is among the top five countries in sub-Saharan Africa in terms of HIV burden. Almost one third (30 per cent) of new infections occur among girls and young women.[8]

Key results and lessons learned from previous cooperation, 2009-2013

Key results achieved

13. The country programme 2009-2013 supported the Government of Kenya and partners to address child rights issues through four components: (a) child survival and development (health, nutrition and WASH); (b) education and learning; (c) child protection; and (d) policy, planning, advocacy and communication. The programme

[4] Gabriel Demombymes and Sofia K. Trommlerova, "What has driven the decline of infant mortality in Kenya?" World Bank, Policy Research Working Paper 6057, May 2012.

[5] Kenya Demographic and Health Survey, 2008/2009.

[6] Government of Kenya, Economic Survey, 2013.

[7] Kenya National Assessment Centre, "Report on Monitoring Learning Achievement: Class three literacy and numeracy", 2010.

[8] Kenya AIDS Indicator Survey, 2012.

supported sectoral policy development and capacity development for child-focused services and increased access to services in the most deprived areas, including northern Kenya and Nyanza province.

14. In nutrition, UNICEF and partners advocated for the Scaling Up Nutrition movement and supported the country to join it. It also advocated for policy harmonization; capacity building to scale up high-impact nutrition interventions, such as using the routine health system for vitamin A supplementation, which was previously administered only through campaigns; and expansion of coverage of nutrition interventions to over 1.3 million under-five children (80 per cent of the total) and 386,000 pregnant and lactating women (70 per cent of the total), with a focus on communities in the arid and semi-arid lands.

15. As a result of strong UNICEF advocacy and partnerships in education, early childhood development was mainstreamed in the Basic Education Act 2013, and government funding for early childhood education covered 1.2 million children. The child-friendly school monitoring tool was adopted by the Ministry of Education and used in 4,000 schools to improve access to quality education for 2 million children. The talent identification model and vocational training, targeting out-of-school adolescents, reached over 200,000 adolescents.[9] Over 71,000 children in emergencies received alternative basic education.

16. With UNICEF support, the government-led cash transfer programme for orphaned and vulnerable children reached over 150,000 households (more than 500,000 children) in 2013, up dramatically from around 15,000 households in 2009. It led to improvements in access to education (6 per cent increase in secondary school enrolment), nutrition (15 per cent improvement in dietary diversity) and behaviour indicators (23 per cent reduction in early sexual debut).[10]

17. Platforms to expand health, sanitation and hygiene services were established through implementation of the national framework for integrated community case management and by increasing community health services, from 489 in 2009 to 2,943 in 2013, as well as expanding the community-led total sanitation approach and distributing 10 million insecticide-treated bed nets in malaria-endemic areas. Some 200 pneumonia cases among children under five were treated by community health workers in Homa Bay County. Selected counties with high rates of maternal mortality or under-five child mortality were supported to strengthen evidence generation, planning and resource allocation. Expanding integrated community case management and introducing the pneumococcal conjugate vaccine will significantly reduce pneumonia-related deaths — the number one killer of children.

Lessons learned

18. In retrospect, there were disappointing results from cross-sectoral approaches linking HIV and AIDS with adolescent development. These themes will be given greater attention in the new country programme.

[9] The talent identification and development model seeks to engage and challenge adolescents and youth by tapping into their talent in order to boost their self-confidence and create opportunities for improved livelihoods.

[10] Government of Kenya, UNICEF, The Transfer Project, the World Bank and the Food and Agriculture Organization of the United Nations, "Policy Brief: Cash transfers in Kenya achieve a broad range of positive impacts", 2013.

19. UNICEF has been supporting collaboration between national and county-level administrations to integrate disaster risk reduction as a means to strengthen emergency preparedness and response capacities. For example, sensitization of health and water service providers and the population as a whole led to a reduction of cholera outbreaks in previously endemic areas in northern Kenya. The focus on strengthening community preparedness and response resulted in a successful roll-out of community-managed approaches to child malnutrition. During the 2011 Horn of Africa drought crisis, these were instrumental in helping to avoid the level of famine experienced in neighbouring Somalia, where these mechanisms were absent.

20. United Nations agencies have been largely working individually, with limited coordination and monitoring. The Delivering as One framework provides opportunities to influence joint United Nations policy dialogue and advocacy to address structural bottlenecks in service delivery and to establish common partnerships with donors and the private sector.

21. Lessons from humanitarian responses over the 2009-2013 programme cycle, in particular the response to the 2011 Horn of Africa crisis, underscore the need to develop preparedness and response strategies that support community resilience and better adaptability of systems during crises. Integrated community-based malnutrition management approaches were recognized as a best practice, helping to leverage humanitarian funding for longer-term nutrition financing.

The country programme, 2014-2018

Summary budget table

(In thousands of United States dollars)

Programme component	*Regular resources*	*Other resources*	*Total*
Inclusive environment	11 500	9 000	20 500
Protective environment	9 300	26 000	35 300
Healthy environment	12 200	71 000	83 200
Learning environment	4 300	16 000	20 300
Cross-sectoral	17 340	2 000	19 640
Total	**54 640**	**124 000**	**178 640**

Preparation process

22. Formulation of the new country programme followed preparation of the Second Medium-Term Plan and the United Nations Development Assistance Framework (UNDAF) 2014-2018. UNICEF contributed to the medium-term plan through United Nations arrangements and by providing evidence and policy notes on key child rights issues. The UNDAF 2014-2018 — which includes outcomes relating to the broad areas of governance, human capital, the economy, environmental sustainability, land management and human security — underlies the proposed country programme.

23. The country programme development process involved all staff, government officials and development and implementing partners through participatory

workshops. A consultative meeting was held with advisors from the UNICEF regional office for Eastern and Southern Africa, and three government-led stakeholder workshops took place to identify, review and validate programme priorities and strategies. These were further reviewed at a joint meeting in January 2014 involving staff from headquarters, the regional office, Supply Division and the country office.

Programme components, results and strategies

24. The country programme 2014-2018 aims to advance the rights of all children and adolescents in Kenya, especially the most vulnerable. The programme reflects three strategic shifts, based on learning from the previous programme cycle (2009-2013) and responding to national priorities. First, it will strive to embed all children's rights within the reformed governance systems. Second, it will aim to model service delivery approaches reaching the most deprived and vulnerable children, with a focus on high-burden counties and low-income urban settlements, and will build capacity to scale up successful approaches. Third, it will work to build the resilience of systems, communities and households in the face of recurrent crises.

25. Implementation of the country programme will reflect opportunities offered by the devolution process. Support to counties in planning, budgeting and monitoring strategies and analysing outcomes will be important across all programme sectors. Special attention will be given to ensure consideration of the needs of excluded and vulnerable children in designing and financing county-level development programmes. The focus will be on sustainability and building resilience in light of recurrent crises.

26. In the same vein, capacity development of partners engaged in implementing the country programme will be critical at all levels, with a special emphasis on the newly devolved service delivery institutions.

27. Within the Delivering as One modality, the programme will forge close partnerships and support coordination among United Nations programmes to achieve the UNDAF outcome results. This collaboration will include shared advocacy, coordinated implementation and leveraging of resources.

28. Alignment between humanitarian and development programme approaches will be pursued and advocated for to strengthen the resilience of systems and communities in the face of recurrent crises. The emphasis will be on the flexibility of service delivery options and their capacity for scaling up. Another focus will be on building household capacities not only to withstand adverse changes in their environment but to be positively transformed by them.

29. The programme will operate under the principles of results-based management and the human rights-based approach. It will emphasize gender sensitivity, capacity development and environmental sustainability.

30. Significant attention will be paid to strengthening national and subnational capacities to collect and analyse data and use the evidence to improve development and humanitarian programmes implemented in Kenya. This will be guided by an understanding of the need for equitable distribution of resources and access to services and opportunities for all children in the country to foster sustainable development. The underlying supply strategy will focus on delivery of essential

commodities, logistics and supply chain management in support of programme results.

31. South-South cooperation will be strengthened to enhance knowledge sharing and learning from best practices in the region and beyond.

32. The 11 country programme outcomes are grouped into 4 programmatic components: inclusive environment; protective environment; healthy environment; and learning environment.

33. **Inclusive environment**. This programme component will embed children's rights through core governance reform processes. These results will contribute to sustainably improving the environment for realizing all children's rights, including those on identity and participation.

34. The component will focus on strengthening capacities needed to create an enabling environment for social participation and facilitating adoption of positive behaviours and social norms for children's rights. It will address demand-side bottlenecks including limited knowledge; lack of meaningful engagement and participation of communities and children in planning; and poor implementation, monitoring and evaluation of child-related social services. Partnerships and networks with civil society, faith-based organizations, children and youth-led groups and community media will be established or leveraged for behaviour change based on evidence, documenting best practices and lessons learned.

35. To eliminate systemic bottlenecks, UNICEF will contribute to strengthening institutions and policy frameworks for addressing child rights. It will also work to leverage the United Nations normative influence, international human rights instruments and national legal frameworks to enhance the visibility of children's rights in development plans, budgets and accountability systems.

36. National and county capacities will be strengthened to generate evidence on child deprivations and excluded children to influence national and county-level planning and budgeting for equitable service delivery. The right to legal identity for all children, especially the most marginalized, will be underscored by building capacity to develop child-focused components of the integrated population registration and monitoring system, which is within the framework of the civil registration and vital statistics system.

37. **Protective environment**. This programme component aims at building capacities at all levels of government and within communities to protect all children from violence, exploitation and abuse. Building on progress made in child protection system strengthening and informed by the Constitution, it will support the Government at national and county level to develop a strong legal framework. The framework will be implemented through enhanced institutional structures with functional coordination and referral mechanisms, information management and monitoring systems.

38. The component will advocate for and support amendment of the Children Act 2001 and other regulatory instruments, aligning them to the Constitution, and support capacity development to improve accountability in child protection systems. Advocacy will be carried out to increase financing for child protection to support scalable models to prevent and respond to violence against children, family separation and harmful practices. In addition investments will be made in building capacities among responsible institutions and at the community level. The programme will further support the development of a strategic plan of action to

implement diversion and alternatives to detention for children in conflict with the law, based on provisions in the draft Child Justice Bill. Coordination of partners will be supported to effectively respond to emergencies and build resilience. Key partners will include the Ministry of Labour, Social Security and Services; Departments of Children Services and Justice; the judiciary; the police; county governments; development partners; the private sector; and civil society organizations.

39. This component will support national partners to improve and sustain access to testing and treatment for pregnant and breastfeeding women living with HIV and AIDS and access to early infant diagnosis and paediatric treatment. It will contribute to global targets in the "Global Plan towards Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive" and "A Promise Renewed". An integrated approach will be adopted to expand access to prevention, treatment and counselling services for children and adolescents living with HIV and AIDS, especially those at higher risk of exposure, facilitating their participation in planning and decision-making.

40. Innovations such as digital platforms and data driven-planning and advocacy will be emphasized to scale up high-impact interventions. The country programme will support partners to expand HIV-sensitive social protection to improve prevention, treatment and care, contributing to national social protection outcomes. Advocacy will be sustained to strengthen political commitment to increase domestic financing, improve efficiency and reduce demand-side barriers such as stigma. Partners include the National AIDS Control Council, key ministries, county governments, the United Nations, development partners, the private sector, academic institutions, civil society organizations and the media.

41. It is important to reduce children's vulnerability and enhance the impact of social protection programmes on the realization of other rights, through integrated and child-sensitive social protection systems. The country programme will support the government's flagship initiative for the development of a national social protection system that foresees integration of five existing programmes. The system is to be scaled up to cover half of the intended target population, including vulnerable children, by 2018. The programme will support national and county-level partners to strengthen and harmonize systems for better targeting of vulnerable children, including those with disabilities, and to model mechanisms linking social protection programmes to education, maternal and child health, nutrition, child protection and HIV-related services. The programme will also support adaptive capacity to respond to emergency situations. Key partners will be the Ministry of Labour, Social Security and Services; National Drought Management Authority; World Bank; United Kingdom Department for International Development; and Swedish International Development Cooperation Agency.

42. **Healthy environment**. This programme component will focus on supporting the Government and partners to create a healthy environment in which children survive and thrive, and will address stunting, child and maternal mortality, and access to safe water and sanitation.

43. The component will promote adoption of universal access to option B+ for all HIV-positive pregnant women. It will also support strengthening of the community health system with an emphasis on integrating community health workers into the professional work force. The programme will support delivery of high-impact mother and child health interventions in selected high-burden and deprived counties. In addition it will support the national Expanded Programme on Immunization in

increasing coverage in hardest-to-reach communities and in introducing new vaccines.

44. In partnership with the Government, the component will advocate for an increase in resources at national and county levels for affordable, high-quality nutrition services. It will support county governments to design, cost, implement and monitor community-driven nutrition services to promote behaviour change; and foster partnerships for nutrition-sensitive and specific interventions to deliver on the Scaling Up Nutrition commitments to reduce stunting.

45. It will support national efforts to eliminate open defecation and scale up community sanitation. It will also generate evidence and advocate with line ministries to scale up innovative WASH models to improve service provision in schools and health centres and increase WASH sustainability through innovative management models and monitoring, including community management and public-private partnerships. In addition the programme will generate evidence to build resilience, informing national guidelines, standards and protocols.

46. **Learning environment**. This programme component calls for developing an education system that supports economic transformation through building appropriate skills and values. It will support the development of school readiness strategies. It will also coordinate with development partners to leverage resources to scale up effective approaches for increasing access to high-quality education and improved learning outcome. In addition it will support implementation of the National Education Sector Support Plan. In support of the devolution process, the programme will engage with selected counties to develop, budget for and implement education sector strategies aligned to the National Education Sector Support Plan. Information management, monitoring and accountability systems will be strengthened at national and county levels to generate evidence and monitor performance. Approaches to early childhood education will be modelled at county level. The main partners are the Ministry of Education, Science and Technology and other government institutions related to child social welfare and protection, including county governments, development partners, the private sector and civil society organizations.

47. **Cross-sectoral**. Operational support will be enhanced through strengthened implementation of a harmonized approach to cash transfers; emphasis on risk management; simplified business processes aiming to improve efficiency and effectiveness; streamlined supply chain procurement management and end-user monitoring; enhanced performance management through result teams with defined accountability frameworks; and strengthened subnational operational capability for programme delivery and reporting on results.

Relationship to national priorities and UNDAF

48. The country programme results framework is derived from the UNDAF 2014-2018 results. These in turn are aligned with the three pillars (political, social and economic) of Vision 2030 and the transformational agenda of the Second Medium-term Plan. Thus the country programme contributes directly to realization of national priorities, including by supporting the country's national resilience programme strategy, Ending Drought Emergencies.

Relationship to international priorities

49. The country programme 2014-2018 is based on the principles and values enshrined in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It will be fully aligned to the outcome areas of the UNICEF Strategic Plan 2014-2017. The programme will contribute to realizing all eight Millennium Development Goals. Support to generation of equity-focused and gender-disaggregated data on children and adolescents will contribute to the country's Millennium Development Goals reporting requirements for 2015 and the post-2015 development agenda. The programme will also contribute to implementation of the United Nations plan of action on disaster risk reduction for resilience.

Major partnerships

50. Partnerships with United Nations agencies, key ministries and constitutional bodies (National AIDS Control Council), county governments, development partners, including non-traditional donors, the private sector and civil society organizations will be strengthened through advocacy and establishment of common goals for children and adolescents. Corporate engagement will be expanded using the Children's Rights and Business Principles framework and participation by adolescents and children in critical decision-making processes will be nurtured and supported.

Monitoring, evaluation and programme management

51. The Delivering as One governance structures (its Steering Committee, the United Nations country team, results groups and the Strategic Planning and Oversight Committee) will provide leadership and oversight for implementing and monitoring the UNDAF and the country programme.

52. National implementation modalities will be prioritized and strengthened to deliver support to both national and county partners. Any third party engagements and direct implementation will be applied in agreement with the Government. United Nations agencies will work to strengthen application of the harmonized approach to cash transfers to disburse funds to implementing partners. A joint Government-United Nations macro assessment of the Kenyan public financial management system will be conducted early in the programme cycle. Microassessments of implementing partners and assurance activities will be regularly undertaken, and the results will be documented to inform risk management actions.

53. Programme monitoring will be strengthened through results management and monitoring groups, bringing together different sectors. Progress on programme implementation and results will be monitored through joint review mechanisms, including mid-year and annual reviews with the Government, United Nations agencies and partners. An end-term evaluation of the country programme, along with an evaluation of the UNDAF, will be conducted to assess the programme's contributions to outcomes for children. Adjustments in strategies and programme focus will be informed by real-time data. A detailed four-year research, monitoring and evaluation plan will be prepared.